MEDIGAP vs. MEDICARE ADVANTAGE COMPARISON CHART

Medicare Supplement (Medigap) Plans (Original Medicare)	**Comparison Point**	**Medicare Advantage Plans** (HMO, PPO, or Private "Fee –For-Service")
Private insurance that ***fills gaps*** in Original Medicare (OM) Parts A and B.	**Distinction**	Private insurance that ***replaces*** Original Medicare Parts A and B.
Must have Medicare Parts A and B. Client may be required to take a health screening if enrolling outside of their Initial Enrollment Period (IEP[1]). There may be a waiting period of up to 90 days for any pre-existing conditions to be covered after the plan starts.	**Eligibility**	Must have Medicare Parts A and B. No health screening and no waiting period. Clients with End-Stage-Renal Disease (ESRD) will be rejected. ESRD is kidney failure requiring dialysis or a kidney transplant.
Covers Medicare Parts A and B copayments, coinsurance and deductibles ("gaps") in Original Medicare. Plans are standardized. Plans A-N cover the same as other insurer's plans with the same letter.	**Benefits**	Plans are *required* to cover all Medicare Parts A and B covered services. Plans are not standardized; coverage varies by plan based on insurer and plan type (HMO, PPO, and PFFS). Rates/rules may differ from OM. Refer to **Medicare Plan Finder at: www.medicare.gov or Medicare Advantage Plan by County list at: www.insurance.wa.gov**.
• Monthly premiums vary by plan. • Plans (with the exception of K and L) have no annual out-of-pocket limits. • Must pay Part B premiums unless enrolled in a Medicare Savings Program (MSP). • Premiums often change yearly but NOT at a certain time.	**Costs (Premiums/copays/coinsurance/ out-of-pocket maximum/Part B premiums/cost changes**	• Monthly premium varies by plan (some plans have $0 premiums. • These plans have copays or coinsurance set by the plan. • Some plans have deductibles. • Plans have a yearly out-of-pocket limit. • Must pay Part B premiums unless enrolled in MSP. • All costs may change on January 1 of every year.
Plans are guaranteed renewable and benefits will not change as long as client pays the premiums and the application was correct. Clients may switch plans at any time but may face a health screening in some circumstances.	**Renewable?**	Benefits may change yearly. Clients remain in the plan unless they disenroll or switch during an enrollment period, or plan leaves the area. Plans are renewable during the Annual Open Enrollment (AEP) October 15 – December 7 and the Medicare Advantage Disenrollment Period (MADP) January 1 – February 14.

[1] Medigap Open Enrollment Period (OEP) = This period lasts for 6 months and starts on the first day of the month in which the client is both age 65 and older and enrolled in Medicare Part B.

Medicare Supplement (Medigap) Plans (Original Medicare)	**Comparison Point**	**Medicare Advantage Plans** (HMO, PPO, or Private "Fee –For-Service")
• Enrollees may see any provider in the USA who agrees to see Medicare patients. • Plans do not require referrals for specialty care.	**Provider choice and availability (always ask providers what insurance they accept)**	• HMOs and PPOs maintain provider network; they must have available providers to accept new members. • PFFS has no provider network; it may be hard to find providers who accept it in some areas. • HMOs generally cover in-network only. Referrals may be required for specialist visits. • PPOs cover out-of-network but then costs may be higher. May not need referral for specialist visits.
Prescription drugs are not included. For Rx coverage, clients may want to enroll in a Part D Prescription Plan (PDP).	**Prescription drugs (Make sure clients plan covers their Rx)**	Often included as a part of the plan. If client wants Rx coverage, he/she must enroll in the Part D coverage offered by their MA plan, or get disenrolled. (See exceptions below.)[2]
Clients can switch plans at any time. He/she must contact the plan to enroll, and if they switch, they must cancel the old plan. However, if the client paid a full year's premium, the law does *NOT* require the plan to cancel the policy early or issue a partial refund.	**Switch plans?**	Clients can only change plans during an Enrollment Period. Enrolling in the new plan alerts the prior plan of the change.
Coverage is unlimited in United States so may be a good choice for "snowbirds." Some plans cover all Medicare co-pays and deductibles so may be a good choice for those needing high-cost and/or frequent care.	**Might be best for…**	Network plans may be good for people who otherwise can't find a Medicare provider. They may save money unless he/she needs frequent appointments or treatments. Having a pre-packaged plan may simplify choices.
There are no extras, with the exception of foreign travel emergency coverage offered by some plans.	**Extras?**	Some plans offer extra coverage such as dental, vision, alternative medicine or health club memberships. Some extras require extra premiums.
Because Medigaps are standardized, price and customer service are the only difference. Plans are regulated by the Washington state Office of the Insurance Commissioner (1-800-562-6900).	**How to comparison shop** **Call SHIBA @ 1-800-562-6900**	Compare plans at www.medicare.gov. Plans are not standardized, but are approved by Medicare. Agents selling plans in Washington state licensed by Washington state Office of the Insurance Commissioner (1-800-562-6900).

[2] 2015 PFFS plans that allow clients to sign up for separate Part D plans (These plans are not available in all counties):

- Humana Gold Choice PFFS (H8145-097)